

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1	1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1	1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	1					
34	1					
35	1					
36		3				
37		3				
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	34					
TOTAL CLAIMS	41					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						